

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # **10/523 639**

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

CC Refund

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: _____

SIGNATURE: *BaC*

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

ET 217

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Adjustment date: 07/15/2005 BCAMPBELL
02/14/2005 MRAYPAH 00000023 10523639
02 FC:1632 -500.00 OP

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**